



TENNESSEE CONSOLIDATED RETIREMENT SYSTEM

502 Deaderick Street
Nashville, TN 37243-0201



LIMITED REEMPLOYMENT OF RETIRED TEACHERS

INSTRUCTIONS: The school system should complete the necessary certification and forward it to the Commissioner of Education for approval. Once fully completed, the original form should be submitted to the Tennessee Consolidated Retirement System with a copy to the Director of Schools to communicate approval or denial.

PART I: EMPLOYEE WAIVER OF RETIREMENT CREDIT			Date of Retirement
Social Security Number		Employing School System	
Name (Last)	(First)	(Maiden)	(Middle)
Street Address		City and State	Zip Code

I hereby waive retirement credit for periods of service rendered pursuant to Public Chapter 903, Acts of 2000 during which benefits are received.

Signature of Employee

Date

PART II: CONDITIONS OF REEMPLOYMENT AND CERTIFICATION

- | Yes | No | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Has the retiree been retired for at least one year? |
| <input type="radio"/> | <input type="radio"/> | Does the retiree possess a professional teacher's license? |
| <input type="radio"/> | <input type="radio"/> | Is the salary limited to 85% of system salary based on comparable training and experience? |
| <input type="radio"/> | <input type="radio"/> | Will tenure be awarded? |
| <input type="radio"/> | <input type="radio"/> | Does the retiree to be appointed have the requisite experience, training and expertise? |
| <input type="radio"/> | <input type="radio"/> | Are other qualified persons available? |

Teacher's specific area of training: _____

Position to be filled: _____

Contract salary: _____

Certification: I hereby certify that _____ meets all conditions to be hired without loss
(Teacher's Name)
of retirement benefits pursuant to Public Chapter 903, Acts of 2000. The appointment is to be effective from _____
to _____. I further certify that no other qualified person is available for employment in such position. I understand
that beginning July 1, 2001 the increased pension liability will be funded from BEP allocations or other available funds.

Signature of Superintendent/Director of Schools

Date

PART III: CERTIFICATION BY COMMISSIONER OF EDUCATION (*Check one*)

☐ **Approval:** I hereby certify that _____ serves an
(Name of School System)
area that lacks qualified teachers to fill the position of _____.
(Class of Position to be Filled)

☐ **Denial:** Qualified teachers who are not retired are available in the area served.

Signature of Commissioner of Education

Date